DENTAQUEST INDIANA

2019 IHCP Annual Provider Seminar
October 16, 2019

Anthem ✚ ⬡   MDwise *A McLaren Company*   DentaQuest

Agenda

1. How and When?

2. Claims – we want to help!

3. How to contact us

How and When

Member Eligibility

Member Eligibility

- Always view member eligibility on CoreMMIS on the Date of Service.

Member Eligibility (cont.)

- Select Expand All

  - Review Managed Care Assignment Details, MCE:
    - ✓ Anthem Blue Cross and Blue Shield (Anthem) - claim is sent to DentaQuest *(use Anthem ID#)*
    - ✓ MDwise - claim is sent to DentaQuest

  - If there is not a Managed Care assignment, the member's claim should be sent to IHCP/DXC Technology.

Finding Managed Care Entity on CoreMMIS

- If the Managed Care Entity is MDwise, use the Medicaid ID as their patient ID.

Managed Care Assignment Details			
Managed Care Program		**Primary Medical Provider**	**Provider Phone**
Hoosier Healthwise Managed Care		First Name Last Name	1-812-254-4650
Effective Date	**End Date**	**MCO / CMO Name**	**MCO / CMO Phone**
08/01/2018	08/01/2018	MDWISE/EXCEL NETWORK	1---

Finding Managed Care Entity on CoreMMIS

- If the Managed Care Entity is Anthem you must also use the Medicaid ID as their patient ID.

Managed Care Assignment Details			
Managed Care Program		Primary Medical Provider	Provider Phone
Hoosier Healthwise Managed Care		First Name Last Name	1-812-485-7240
Effective Date	End Date	MCO / CMO Name	MCO / CMO Phone
07/19/2018	07/19/2018	ANTHEM	1-866-408-6132

Demographic Details
Street Address   111 E Main St.
City   Sample   State   Indiana   ZIP Code   44444

Anthem. MDwise DentaQuest

Anthem ID Numbers

- As of April 1, 2017, all Anthem members enrolled in Healthy Indiana Plan, Hoosier Care Connect and Hoosier Healthwise have a nine-digit ID number.

- When looking up a member on our portal or calling our Customer Service department, you will need to use the nine-digit Anthem ID number to locate the member.

- When looking up the member on CoreMMIS, you will need to use the 12-digit Medicaid ID number to locate the member.

# How To Locate an Anthem ID Number on the DentaQuest Portal?

Select Patient, then select Member Eligibility. Search by the member's first and last name along with date of birth only.

Both the Anthem ID and Medicaid ID will show up. Make sure you use the Anthem ID on all Anthem Patient claims.

Claims

Claim Submission

How to Locate A Patient's Service History

Once you find the patient, click on their name and the below screen will appear. Click on View Service History. This is the same for a MDwise patient and an Anthem patient.

View Of Service History

When Should An Appeal Be Filed?

- Providers that disagree with determinations made by the DentaQuest dental directors may submit a written Notice of Appeal to the member's MCE that specifies the nature and rationale of the disagreement.

- An Appeal can only be determined by a Dental Director if the service was previously <u>clinically</u> denied.

- Eligibility issues should <u>not</u> go to appeals.

How To File An Appeal Through The DentaQuest Portal

1. On home screen of portal click on Tools.

2. Then click on Contact DentaQuest.
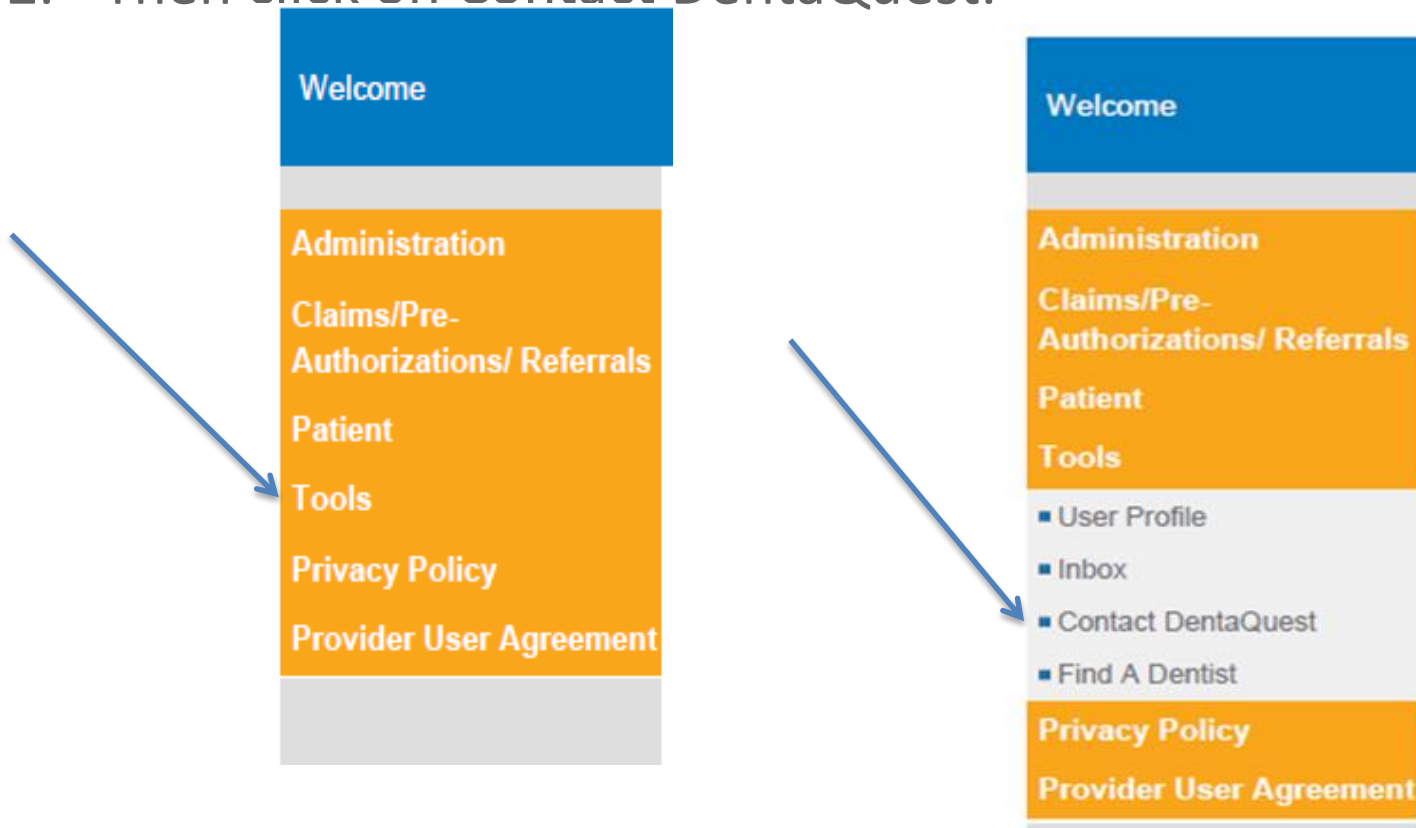
How To File An Appeal Through The DentaQuest Portal (cont.)

In the Message Type, choose Appeals.

How to File An Appeal Through The DentaQuest Portal cont.

Include attachments by clicking the upload link. Then search for the claim number by clicking on the spyglass.

How to File An Appeal Through The DentaQuest Portal cont.

After you click on the spyglass it expands out and you can search for the claim by First and Last name and Date of Birth

How to File An Appeal Through The DentaQuest Portal cont.

Complete the rest of the searches, and then if you need to add a narrative, type it in the Description box and hit Submit.

When and How A Claim Should Be Voided

Incomplete Claims should be voided by selecting Void in the Message Type box. The process is the same as an appeal but instead you select "Void".

When To Submit A Corrected Claim

- A corrected claim is a claim that is submitted to correct an error(s) on a previously submitted claim.

- A corrected claim is different than an appeal or a void because there is no clinical or administrative disagreement or services that were not provided with the original claim.

- The sole purpose of a corrected claim is to correct a recognized error on a previously submitted claim.

How To Submit A Corrected Claim

- For example, if D2140 is submitted without a tooth number specified, the claim will be denied because a tooth number is required for that code. A new claim should be created with the proper tooth number identified and submitted with the words "Corrected Claim." The previous claim number should be in Box 35 of the ADA claim form. The remarks might be "Corrected claim for 201812345678999 to provide missing tooth number for D2140."

- It is imperative that a corrected claim includes either the word "Corrected" or the word "Adjusted." Place the original claim number in Box 35 so that the DentaQuest system will recognize the claim as a corrected claim.

Anthem. MDwise DentaQuest

Example of Corrected Claim

When: If an incorrect code or fee was entered on a claim, a corrected claim can be submitted to make adjustments to the incorrect code or fee that was originally submitted.

How: In the note section of the claim, add "corrected claim" with the original claim number. Please only enter procedures that need to be corrected.

Optional Information

Accident Type

Accident State   Accident Date

Office Ref#   Referral #

COB ☐   EPSDT ☐

Corrected claim # 201800000000000

33. Missing Teeth Information (Place an 'X' on each missing tooth)	34. Diagnosis Code List Qualifier	(ICD-9 = B; ICD-10 = AB)	31a. Other Fee(s)	$0.00
Permanent	34a. Diagnosis Code(s)	A B		
Primary	(Primary Diagnosis Code in 'A')	C D	32. Total Fee	$115.00
35. Remarks Corrected claim # 201800000000000				
AUTHORIZATIONS		ANCILLARY CLAIM/TREATMENT INFORMATION		

What Does HIP Maternity Cover?

HIP Maternity has the same coverage as a HIP State Plan Plus member.

Benefit Details			▬
Coverage	**Description**	**Effective Date**	**End Date**
HIP Maternity	HIP Maternity	04/19/2018	04/19/2018

Managed Care Assignment Details	▬

Sending a Secondary Insurance Claim

- When a patient has a primary insurance, the office has 90 days from the date the primary paid to submit the secondary claim.

- When submitting the secondary claim make sure you submit the primary EOB as well as the page that shows the denial descriptions. If this is not included we will deny the claim.

- Mark in box 35 "See Primary INS EOB attached."

33. Missing Teeth Information (Place an 'X' on each missing tooth)	34. Diagnosis Code List Qualifier		(ICD-9 = B; ICD-10 = AB)	31a. Other Fee(s)	$0.00
Permanent	34a. Diagnosis Code(s) (Primary Diagnosis Code in 'A')	A	B		
Primary		C	D	32. Total Fee	$115.00
35. Remarks See Primary INS EOB attached					
AUTHORIZATIONS		ANCILLARY CLAIM/TREATMENT INFORMATION			

Anthem MDwise DentaQuest

How Are Claims Reviewed?

There are three levels of claim review:

1. Automatic review of claims that ensure basic information is correct such as verifying the eligibility of the member.

2. If a claim requires clinical review, it is reviewed by a Clinical Review Specialist (CRS).

   - All Clinical Review Specialists are certified dental assistants or registered dental hygienists. They receive rigorous training in claims adjudication.

How Are Claims Reviewed? (cont.)

3. If a Clinical Review Specialist determines that a claim should be denied based on a clinical interpretation, the claim is sent to a licensed dentist for further review.

- The decision to deny a claim for clinical purposes can only be made by a dentist.

- All DentaQuest personnel involved in reviewing claims, CRSs and dentists, take quarterly examinations called Inter-Rater Reliability (IRR) tests to ensure that claims are being adjudicated in a consistent manner.

Authorization versus Prior Authorization

Authorization Required	
Yes	The service will be reviewed either before <u>or after</u> the submission of a claim.
No	The service is not routinely reviewed.
Prior Authorization Required	The service must be approved with a prior authorization before treatment begins.

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	21 and older		Yes	One of (D4355) per 36 Month(s) Per patient. Only one of D4355 allowed per date of service. Not billable in conjunction with D1110, D4341, D4342
D4910	periodontal maintenance procedures	21 and older		No	One of (D4910) per 6 Month(s) Per patient ages 3 to 20. One of (D4910) per 12 Month(s) Per patient ages 21 and above.

Orthodontics					
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations
D8010	limited orthodontic treatment of the primary dentition	0 - 20		Prior Authorization Required	One of (D8010) per 1 Lifetime Per patient. One per member, per lifetime.

Anthem. MDwise DentaQuest

Understanding and Minimizing Denied Claims

- Two types of denials:

- Administrative

  – Automatic and automated

  – No human intervention

  – Duplicate service, benefit not covered, untimely filing, etc.

- Clinical

  – Reviewed by a CRS

  – Checked by a dentist

  – Does not meet criteria for medical necessity

  – Good documentation is required

D4341 – Periodontal Scaling and Root-Planing

- Represents 19% of all services reviewed
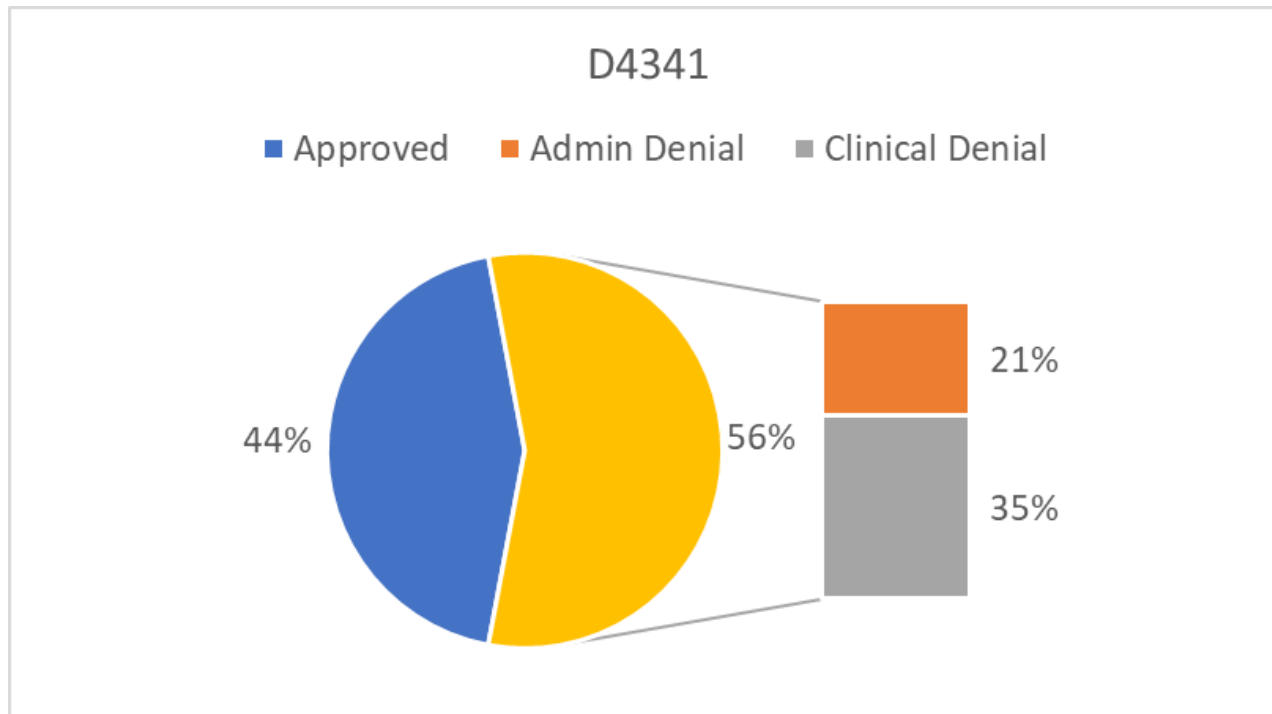
D4341 Requirements

• What qualifies:

- Radiographically visible bone loss at least <u>2.5 mm below the CEJ</u> on at least four teeth in the quadrant.

- Radiographically visible calculus on the <u>root surface</u> (not the coronal surface) on at least four teeth in the quadrant.

• What does not qualify:

- Fewer than four teeth.

- Less than 2.5 mm radiographically visible bone loss.

- Radiographically visible, subgingival calculus that is only on enamel.

- Difficulty of procedure.

- Duration of procedure.

D5110 – Complete Upper Denture
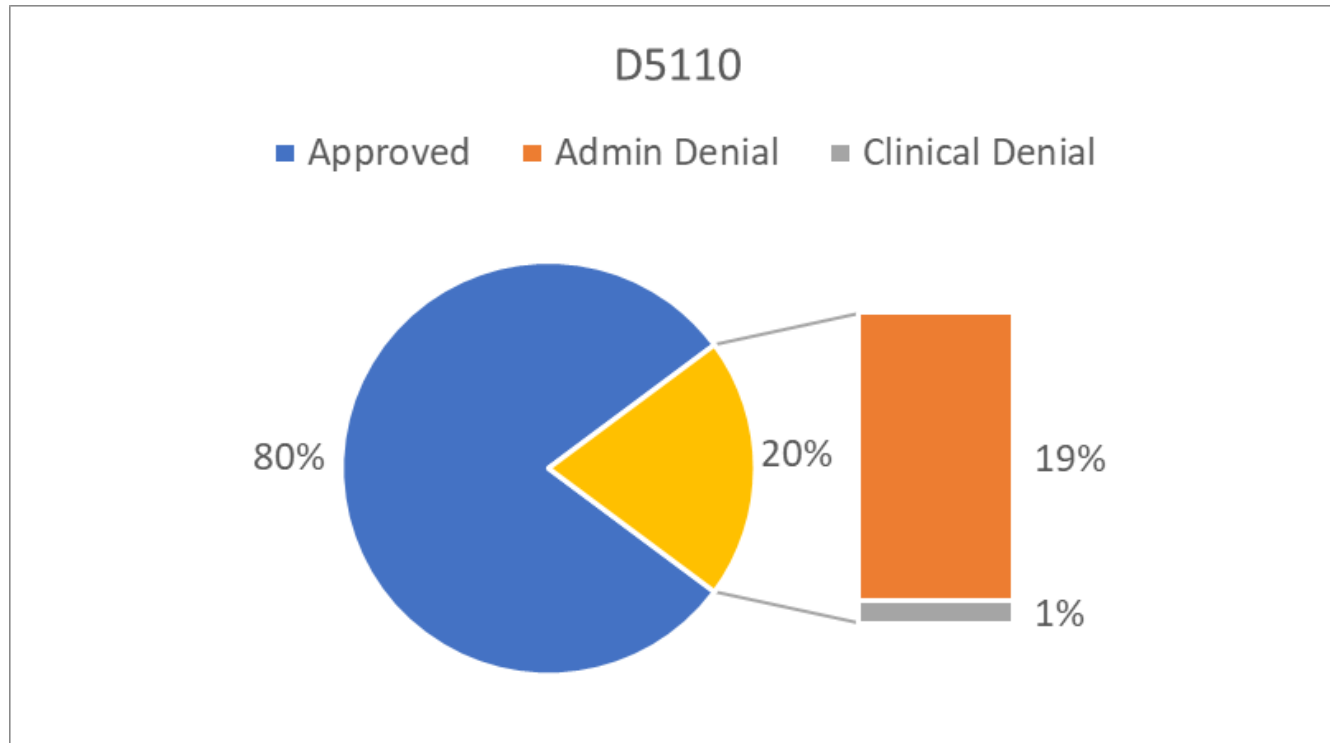
- Authorization not required
- 15% of all reviewed services
- 80% approved
- 1% of denials are clinical

Code Specific Questions

Space Maintainers

- Codes that require a tooth number

  o D1510, D1550, and D1555

- Codes that do not require a tooth number

  o D1516, D1517, D1526, and D1527

- If a tooth number is required, it needs to be in Box 27.

X-rays

- As is common in the insurance industry, DentaQuest bundles radiographs taken on or near the same date of service by the same provider or location.

- Radiographs submitted with claims must be of diagnostic value.

- Digital images are preferred and can be submitted through the DentaQuest portals or through NEA, National Electronic Attachment.

- If digital images cannot be submitted, we encourage submission of duplicate films, however they cannot be returned.

- Original films will be returned if a self-addressed stamped envelope is supplied with the claim.

X-rays (cont.)

- Photocopies of X-ray films are discouraged as they are rarely of diagnostic quality.

- Do not fax X-rays or photos of X-rays.

- Always remember to use code D0230 after the first initial PA, D0220 is taken for the year. This follows IHCP guidelines.

We want to hear from you!

DentaQuest

Proven Experts in Dental Program Administration

So Much More than...

Innovation
Outreach
Administration

How to Contact your Provider Engagement Representative?

Cindy Cobb: 317-416-2022

Melanie Brune: 317-416-2033

Courtney Stanton: 317-432-8946

Michelle O'Nail: 630-453-7339

Melanie Brune, 317-416-2033

melanie.brune@dentaquest.com

Counties Served: Benton, Boone, Carroll, Cass, Clinton, Fountain, Hendricks, Howard, Marion, Montgomery, Parke, Putnam Tippecanoe, Tipton, Vermillion, Warren and White

Cindy Cobb, 317-416-2022

cindy.cobb@dentaquest.com

Counties Served: Adams, Allen, Blackford, DeKalb, Dearborn, Decatur, Delaware, Elkhart, Fayette, Franklin, Grant, Hamilton, Hancock, Henry, Huntington, Jay, Jennings, Kosciusko, LaGrange, Madison, Miami, Noble, Ohio, Randolph, Ripley, Rush, Shelby, Switzerland, Union, Wabash, Wayne, Wells and Whitley

Michelle O'Nail, 630-453-7339

Michelle.O'Nail@dentaquest.com

Counties Served: Fulton, Jasper, Lake, LaPorte, Marshall, Newton, Porter, Pulaski, Starke, and St Joseph

Courtney Stanton, 317-432-8946

courtney.stanton@dentaquest.com

Counties Served: Bartholomew, Brown, Clark, Clay, Crawford, Daviess, Dubois, Floyd, Gibson, Greene, Harrison, Harrison, Jackson, Jefferson, Johnson, Knox, Lawrence, Martin, Monroe, Morgan, Orange, Owen, Perry, Pike, Posey, Scott, Spencer, Sullivan, Vanderburgh, Vigo, Warrick, and Washington

Questions?

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.

https://tinyurl.com/fssa1023